July 1, 2007 State Line Conversion Project

	TATE OF INDIANA Disability and Rehabilitative
Name .	Services
Home BDDS Links Provider Info	Log In User Name: Password: Log In
Login	If you do not remember you username and/or password, please contact your provider representative. The Bureau of Developmental Disabilities Services does not retain individual usernames or passwords for this budget tool.
	Notice We are gathering user IP addresses to help in the prosecution of unauthorized use of this website. If you are not an authorized user of this website you should exit now.
	Copyright @ 2006 - 2007 Boyer Incorporated. All rights Reserved.
 Passwords should not be shared be Provider Representative assigns an 	tween users d maintains usernames and passwords

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As presented in trainings to the BDDS SLI provider agencies, August and September 2007



STATE OF INDIANA



Division of Disability and Rehabilitative Services

Home

Menu <u>Budget</u> <u>Claim</u>

Instructions

BDDS Links
Provider Info

<u>Logout</u> wigljh

DDRS Web-Based Tools

Instructions

Do not use your web browser navigation buttons/icons, back and forward, or your web browser refresh button/icon at any time in this application. Also, do not use the ALT key to go back and forward or the F5 key to refresh. If you take any of these actions, you will lose everything that you had entered in the entire session. Please use **ONLY** the navigation links provided for you as part of this application.

This note is to inform you that there is a time limit for this application, currently set at one hour per session. It is necessary to have a time limit for HIPAA confidentiality purposes and for efficient operation of the system. What this means is that you must click on one of the active links on the web page within one hour of starting each session (budget). If you do not click on one of

Points:

• If you cannot access the proper section contact your Provider Representative

You may need to scroll to view some messages and fields on the screen

• When navigating in the WebTool, remember to use the buttons and links in the WebTool and not the IE buttons (Back, Refresh, etc)

	•	<u>C</u>
-		

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THE STATE Q	STATE OF INDIANA
	Division of Disability and Rehabilitative Services
1816 J.A	Provider Processing
P	rovider: ANTHONY WAYNE REHABILITATION CENTER FOR HANDICAPPED AND BLIND
<u>Home</u>	6 RLA budgets to complete 9 submitted budgets 280 budgets to renew
<u>Budget</u>	No News to Display.
<u>Instructions</u>	
BDDS Links <u>Provider Info</u>	
<u>Logout</u>	
test03	
oints:	
	e, only budgets that require action by the provider or by BDDS will be
	he WebTool
	does not have a budget that is pending action by the Provider or BDDS,
	will not be listed on the WebTool
_	e linked to the Provider on file, and not to a particular regional office or
M/alaTaal va	
WebTool u	ser.

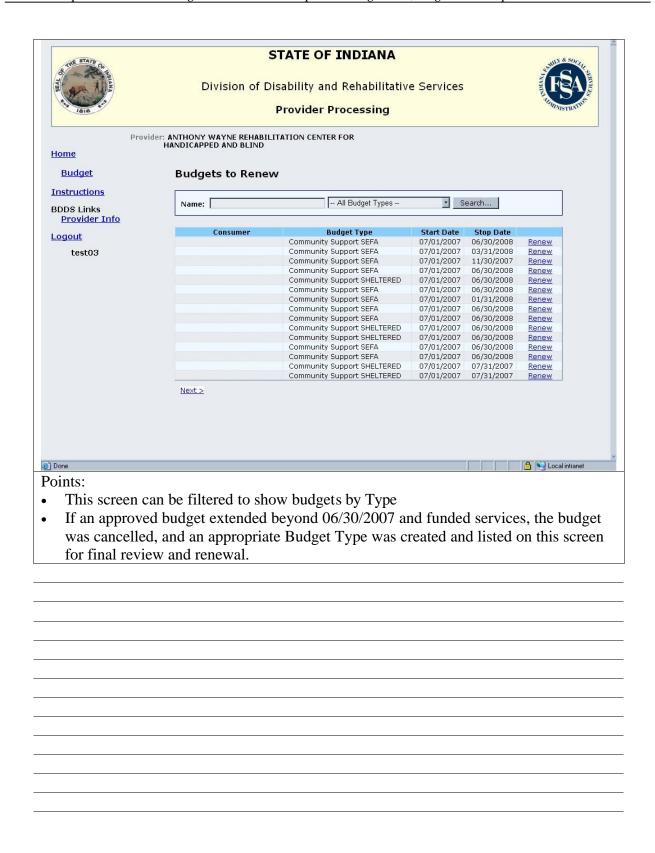
July 1, 2007 State Line Conversion Project

THE STATE OF	STATE OF	INDIANA		SHIY & SOCIE
	Division of Disability and	d Rehabilitative Servic	ces	FEA
1818	Provider F	rocessing		TIM ASTRAIN
Pro	vider: ANTHONY WAYNE REHABILITATION CENTE HANDICAPPED AND BLIND	RFOR		
<u>lome</u>	HANDICAPPED AND BLIND			
<u>Budget</u>	Select Customer			
nstructions	Name: Sea	ch		
BDDS Links <u>Provider Info</u>	Nume.			
<u>ogout</u>	Name	Date of Birth 09/30/1976	Consumer ID 909	Select
test03		01/16/1984	29050	Select
		04/02/1966 08/13/1974	2359 35217	Select Select
		10/18/1939	19695	Select
		06/23/1963	6924	Select
If an approv	ed budget extended beyond 06 nd an RLA Budget Type was c			
If an approve cancelled, and from the "proof of the BDDS"	nd an RLA Budget Type was c e-conversion" budget. Is has a question regarding an F	reated with the sar LA budget that wa	ne monthly R	LA amo
If an approve cancelled, an from the "proof of the BDDS"	nd an RLA Budget Type was ce-conversion" budget.	reated with the sar LA budget that wa	ne monthly R	LA amo
If an approve cancelled, an from the "proof of the BDDS"	nd an RLA Budget Type was c e-conversion" budget. Is has a question regarding an F	reated with the sar LA budget that wa	ne monthly R	LA amo
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If an approve cancelled, and from the "proof of the BDDS"	nd an RLA Budget Type was ce-conversion" budget. Is has a question regarding an F	reated with the sar LA budget that wa	ne monthly R	LA amo
cancelled, and from the "pr If the BDDS	nd an RLA Budget Type was ce-conversion" budget. Is has a question regarding an F	reated with the sar LA budget that wa	ne monthly R	LA amo
If an approve cancelled, and from the "proof of the BDDS"	nd an RLA Budget Type was ce-conversion" budget. Is has a question regarding an F	reated with the sar LA budget that wa	ne monthly R	LA amo
If an approve cancelled, and from the "proof of the BDDS"	nd an RLA Budget Type was ce-conversion" budget. Is has a question regarding an F	reated with the sar LA budget that wa	ne monthly R	LA amo

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The state of the s	Division of Disabili	ty and Rehabilitative	Services	(FSA)
/816	Provi	der Processing		MASTRATIO
Prov	ider: ANTHONY WAYNE REHABILITATION HANDICAPPED AND BLIND	CENTER FOR		
lome	Consumer Transition Assets Inc	ome Expenses Housemat	es	
<u>Budget</u>	Personal Information			
nstructions	12	32322	Preview Budget	
DDS Links	Consumer ID: Consumer:	19695 E	Total Community	\$0.00
Provider Info	DOB:	10/18/1939	Transition Supports Total Assets	\$0.00
ogout	Budget ID: Start Date:	81929 7/1/2007	Total Monthly Expenses	\$0.00
test03	Duration (Months):	3	Total Month Income/Benefits	\$0.00
	Stop Date:	9/30/2007	income; benefits	
			Total Monthly RLA Amount	\$0.00
	Describe why the basic needs of this in with State funds	idividual need to be supported	Average Daily RLA	\$0.00
		<u>*</u>	Amount Total RLA for duration of budget	\$0.00
	Euplaip who the built-ti-	hmitted after consists	Submit	
	Explain why the budget is being su began or after expiration of the pre	omiceu aiter services evious budget	Errors:	
		<u> </u>	Budget submitted after services bega expiration of previous budget.	
			Total amount requested on this budg please review.	
		<u>v</u>	You must enter information in the bo the basic needs of this individual nee supported with State funds".	d to be
			Housing level explanation required. The "Number of persons in home" me	ist he
			completed on the "Housemates" tab can be computed correctly.	before the RLA
			The "Number of persons in home rec services" must be completed on the ' tab.	eiving DD 'Housemates"
is completed The RLA dua Costs and Ex	ration is still dependant u			

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THE STATE OF		STATE OF INDIANA	SHILL & SOCIA
AND THE PERSON OF THE PERSON O	Divisio	on of Disability and Rehabilitativ	ve Services
1816		Provider Processing	TIM NSTRONG
7.5	Provider: ANTHONY WAYNE	REHABILITATION CENTER FOR	
<u>Home</u>	HANDICAPPED AND	BLIND	
Budget	Renew Bud	dget	
Instructions			
BDDS Links Provider Info		Consumer Id Consumer Name	32444 B
Logout		Budget Type	Community Support SEFA
test03		Budget Id Start Date	78969 7/1/2007
		Stop Date	6/30/2008
		Duration	12
		Budgeted Amount	\$4,500.00
	<u></u>	Overage Amount	\$0.00
		ISP Completed for budget	
			C Requires Change
			© Accept as Entered
		This budget has been pro rated based	on \$ 4,500 annual amount.
	Budget Note	s I	
		Submit	
• The box accepted	"ISP Completed for or marked as "Rec	or budget" must be checked	

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JE STATE			STATE OF INDIANA		WX 8 80C
		Division of	Disability and Rehabilitativ	ve Services	FSA
1816			Provider Processing		WANTENING.
-	Provider: ANTHO	NY WAYNE REHA	BILITATION CENTER FOR		
<u>Home</u>	HANDIO	CAPPED AND BLIN	D		
Budget	Rei	new Budget			
Instructions					
BDDS Links <u>Provider Info</u>			Consumer Id Consumer Name	15762 C	
Logout			Budget Type	Residential Services	
test03			Budget Id Start Date	76947 7/1/2007	
			Stop Date	2/29/2008	
			Duration Budgeted Amount	8 \$2,133.33	
			Overage Amount	\$0.00	
			ISP Completed for budget	П	
				C Requires Change	
		Calculation		Requires change Accept as Entered	
		Use	"Calculation" button to view how		i
		amo	unt was calculated.		
	1	Budget Notes			
			Submit		
Points:					
• If a provi	der accepts	a budget,	it is automatically Appr	roved by BDDS.	
If a budge	eted amour	nt was base	ed on previous billing fo	or the individual, clic	cking the
Calculation	on link will	l show how	that amount was achie	ved	
A provide	er may pro	vide for an	individual any appropri	iate service availabl	e through
the budge	et TYPE du	ring the bu	idget TIMEFRAME as I	long as the budget T	TOTAL is
not excee	ded.				

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THE OF I			S. S.
AN ANE	Division	n of Disability and Rehabilit	ative Services
1816		Provider Processing	TOM MISTRICE
Budget Figures	Used to Calcula	te New Budget	
Month	Year	Billing	Scope
7	2006	606.5500	OVER
8	2006	607.6500	OVER
9	2006	242.6800	IN RANGE
10	2006	232.9400	IN RANGE
11	2006	457.2300	OVER
12	2006	509.6100	OVER
1	2007	331.8400	IN RANGE
2	2007	224.4800	IN RANGE
3	2007	175.6800	UNDER
	udget Amount: \$257.99 (
ORIGNIAL Average Mont	thly Budget Amount: \$31	7.36 (ALL)	
New Anualized Budget:			
Annualized Billed Amount			
Applied Increase (3.5%):	\$3,204.24		
New Annualized Budget.	Amount: \$3,300.00		
New Budget Amount: \$2	,200.00		
Close			
nts:			
ms.			
		Annad III. moment if it was	a suithin 100/ of the assessed
	ount was consid	dered "in range" if it was	s within 40% of the average
A billing amo		dered "in range" if it was	s within 40% of the average
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10 1 1 1 E	Division	n of Disability Provide	and Rehabil r Processin		es	WIND WAS TO	Amor
				· 5			
Provi	der: ANTHONY WAYNE I HANDICAPPED AND	REHABILITATION CE BLIND	NTER FOR				
Budget	Rudaets Su	bmitted for A	nnroval				
Instructions	budgets 5t	Dillicted for A	pprovar				
BDDS Links	Name:		Search				
Provider Info							
Logout		Consumer		Start Date 07/01/2007	Stop Date 06/30/2008	Review	
test03				07/01/2007	07/31/2007	Review	
				07/01/2007	06/30/2008	Review	
				07/01/2007	09/30/2007	Review	
				07/01/2007 07/01/2007	07/31/2007 07/31/2007	Review Review	
				07/01/2007	07/31/2007	Review	
				07/01/2007	06/30/2008	<u>Review</u>	
				10/01/2007	12/31/2007	Review	

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THE STATE OF	STATE OF INDIANA
TYAS	Division of Disability and Rehabilitative Services
/816	Provider Processing
	Provider: ANTHONY WAYNE REHABILITATION CENTER FOR
<u>Home</u>	HANDICAPPED AND BLIND
<u>Budget</u>	Review Budget
Instructions	Consumer Id 1217
BDDS Links <u>Provider Info</u>	Consumer Name B Budget Type RLA
Logout	Budget Id 81748 Start Date 7/1/2007
test03	Stop Date 9/30/2007 Duration 3
	Budgeted Amount \$0.00 Overage Amount \$0.00
	Budget Notes This Budget was created to allow you to continue serving this individual.
	Individual.
	Return
	Return
© Done	☐ Nu Local intranet
Points:	
These bu	dgets can be either RLA or services budgets

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Claims in Progress Claim Service Month Billing Month Another Terry's July 07/01/2007 08/01/2007 Edit Delete Preview Submit Off O1/01/2007 08/01/2007 Edit Delete Preview Submit Delete Preview Submit O1/01/2007 08/01/2007 Edit Delete Preview Submit O1/01/2007 Edit Delete Preview O1/01/2007 Edit O1/01/2007 Edit O1/01/2007 Ed	Provider: ANTHONY WAYNE REHABILITATION CENTER FOR HANDICAPPED AND BLIND Rete New Claim Claims in Progress Claim Another Terry's July April 2007 Additional Billing O4/01/2007 05/01/2007 Edit January 2007 Manual Claim O1/01/2007 06/01/2007 Edit Delette Preview Submit Stinks January 2007 Manual Claim O1/01/2007 06/01/2007 Edit Delette Preview Submit Submit testjen O6/01/2007 06/01/2007 Edit Delette Preview Submit Submit testjen Additional billing for Comm Support and Nursing Additional billing November 2006 Additional daim for Dec 2006 Additional daim for O8/01/2007 11/01/2006 Additional daim for O8/01/2007 11/01/2006 Additional daim for Nov 2006 Additional daim for Nov 2006 April ESN billing April 2007 ESN billing April 2007 Residential, Caregiver, Comm Support & 04/01/2007 05/01/2007 Print Review April ESN Community Supports & Nursing December Residential Claim Dons Claim February 2007 Add't Comm / Nursing 12/01/2006 February 2007 Add't Comm / Nursing 12/01/2006 February 2007 Add't Comm / Nursing 12/01/2006 February 2007 Add't Comm / Nursing 12/01/2007 Finit Review Pebruary 2007 Add't Comm / Nursing 12/01/2007 February 2007 Add't Comm / Nursing 12/01/2007 Febr	Provider: ANTHONY WAYNE REHABILITATION CENTER FOR HANDICAPPED AND BLIND Claims in Progress Claim Another Terry's July April 2007 Additional Billing O4/01/2007 O8/01/2007 OR/01/2007 OR/01/2007 OR/01/2007 OR/01/2007 OR/01/2007 OR/01/200	Provider: ANTHONY WAYNE REHABILITATION CENTER FOR HANDICAPPED AND BLIND Relate New Claim Claims in Progress Claim Another Terry's July O7/01/2007 09/01/2007 Edit Delete Preview Submit April 2007 Additional Billing 04/01/2007 09/01/2007 Edit Delete Preview Submit St. Links January 2007 Manual Claim O1/01/2007 09/01/2007 Edit Delete Preview Submit testjen 06/01/2007 09/01/2007 Edit Delete Preview Submit st03 Submitted Claims Claim Additional billing December 2006 (RLA) 12/01/2006 02/01/2007 Print Review Additional billing November 2006 11/01/2006 02/01/2007 Print Review Additional claim for Dez 2006 11/01/2006 02/01/2007 Print Review Additional claim for New 2006 11/01/2006 01/01/2007 Print Review Additional claim for New 2006 11/01/2006 01/01/2007 Print Review Additional claim for New 2006 11/01/2006 01/01/2007 Print Review Additional claim for New 2006 11/01/2006 01/01/2007 Print Review April ESN billing 04/01/2007 05/01/2007 Print Review Community Supports a Nursing 04/01/2007 05/01/2007 Print Review December Residential Claim 12/01/2006 01/01/2007 Print Review December Community Supports and Nursing Claim 12/01/2006 01/01/2007 Print Review Pebruary 2007 Addit Comm / Nursing / ISC claim 06/01/2007 03/01/2007 Print Review Pebruary 2007 Addit Comm / Nursing 1/01/2007 03/01/2007 Print Review Pebruary 2007 Addit Comm / Nursing 1/01/2007 03/01/2007 Print Review Pebruary 2007 Addit Comm / Nursing 1/01/2007 03/01/2007 Print Review Pebruary 2007 Addit Comm / Nursing 1/01/2007 03/01/2007 Print Review Pebruary 2007 Addit Comm / Nursing 1/01/2007 03/01/2007 Print Review Pebruary 2007 Addi	Provider: ANTHONY WAYNE REHABILITATION CENTER FOR HANDICAPPED AND BLIND Claims in Progress Claim Another Terry's July April 2007 Additional Billing April 2007 Additional Billing April 2007 Additional Billing April 2007 Additional Billing Additional billing Additional billing Additional billing for Comm Support and Nursing Additional additing November 2006 Additional additing November 2006 Additional additing for Nov 2006 Additional additing for Nov 2006 Additional additing for Nov 2006 April 2007 Additional dailing April 2007 Residential, Caregiver, Comm Support 8 April 2007 Residential, Caregiver, Comm Support 8 April 2007 Residential, Caregiver, Comm Support 8 April 2007 Residential Caregiver, Comm Support 8 April 2007 Residential Caregiver, Comm Support 8 April 2007 Residential Caregiver, Comm Support 8 Community Supports Community Supports 8 Nursing December Residential Claim Dons Claim February 2007 Add Comm / Nursing 12/01/2006 February 2007 Add Comm / Nursing 12/01/2006 Additional residential claim 12/01/2006 Additional residential claim 12/01/2006 April 2007 Residential Caregiver, Comm Support 8 Community Supports 8 Nursing 04/01/2007 08/01/2007 Print Review December Residential claim 12/01/2006 01/01/2007 Print Review Community Supports and Nursing Claim 12/01/2006 01/01/2007 Print Review Pervary 2007 Add Comm / Nursing / ISC claim 02/01/2007 08/01/2007 Print Review Pervary 2007 Add Comm / Nursing / ISC claim 02/01/2007 03/01/2007 Print Review Pervary 2007 Add Comm / Nursing / ISC claim 02/01/2007 03/01/2007 Print Review Pervary 2007 Add Comm / Nursing / ISC claim 02/01/2007 03/01/2007 Print Review Pervary 2007 Add Comm / Nursing / ISC claim 02/01/2007 03/01/2007 Print Review Pervary Additional residential claim 02/01/2007 03/01/2007 Print Review Pervary Additional residenti	Provider: ANTHONY WAYNE REHABILITATION CENTER FOR HANDICAPPED AND BLIND TOUCHORS Claims in Progress Claim Service Month Billing Month Another Terry's July 07/01/2007 09/01/2007 Edit Delete Preview Submit St. Links January 2007 Manual Claim 01/01/2007 06/01/2007 Edit Delete Preview Submit Other Other	Provider: ANTHONY WAYNE REHABILITATION CENTER FOR HANDICAPPED AND BLIND Claims in Progress Claim Another Terry's July April 2007 Additional Billing O4/01/2007 08/01/2007 Edit Delete Preview Submit April 2007 Additional Billing O4/01/2007 08/01/2007 Edit Delete Preview Submit Stinks January 2007 Manual Claim O5/01/2007 08/01/2007 Edit Delete Preview Submit Estigne 06/01/2007 08/01/2007 Edit Delete Preview Submit testigne 06/01/2007 08/01/2007 Edit Delete Preview Submit Estigne 06/01/2007 08/01/2007 Print Review Additional billing Rovember 2006 11/01/2006 02/01/2007 Print Review Additional daim for Nov 2006 11/01/2006 02/01/2007 Print Review April 2007 Est billing 04/01/2007 05/01/2007 Print Review April ESN Billing 04/01/2007 05/01/2007 Print Review April ESN Billing 04/01/2007 05/01/2007 Print Review Community Supports Nursing 04/01/2007 05/01/2007 Print Review Community Supports Survising 04/01/2007 05/01/2007 Print Review December Review a Claim Before it can be submitted february 2007 Addit Comm / Nursing / ISC claim 02/01/2007 03/01/2007 Print Review February 3007 Addit Comm / Nursing / ISC claim 02/01/2007 03/01/2007 Print Review	Provider: ANTHONY WAYNE REHABILITATION CENTER FOR HANDICAPPED AND BLIND Tructions Claims in Progress Claim Service Month Billing Month Another Terry's July 07/01/2007 06/01/2007 Edit Delete Preview Submit April 2007 Additional Billing 04/01/2007 06/01/2007 Edit Delete Preview Submit SE Links January 2007 Manual Claim 01/01/2007 06/01/2007 Edit Delete Preview Submit Provider Info 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